

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2009

OF THE CONDITION AND AFFAIRS OF THE

CareSource Michigan

	(Current Period) , OPTION PERIOD NATIC COMPANY CODE		mpany Code 95502	Code 93362 Employer's 1D Number				
Organized under the Laws of	ofN	/lichigan	, State of Domicil	e or Port of Entry	Michigan			
Country of Domicile			United States					
Licensed as business type:	Life, Accident & Health [Dental Service Corporation Other []	on [] Vision	rty/Casualty [] a Service Corporation [] MO, Federally Qualified? Y	Health Maintenance C	ental Service or Indemnity [] Organization [X]			
Incorporated/Organized	05/24/19	95	Commenced Business	.	08/01/1996			
Statutory Home Office		est Road, Suite 201	,		MI 48823-6386 and Zip Code)			
Main Administrative Office			2900 West Road, S					
	ansing, MI 48823-6386		(Street and Numl	517-349-9922				
`	City, State and Zip Code)	2014-004		(Area Code) (Telephone Nu	,			
Mail Address	2900 West Road, S (Street and Number or			East Lansing, MI 4 (City, State and Zi				
Primary Location of Books a	ind Records		2900 We	st Road, Suite 201				
East L	ansing, MI 48823-6386		(Stre	eet and Number) 937-531-2159				
	City, State and Zip Code)	,	(Ar	ea Code) (Telephone Number)	(Extension)			
Internet Web Site Address			www.caresource.co	om				
Statutory Statement Contact	t L Tarl	ton Thomas III		937-531- (Area Code) (Telephone				
tarlton.th	nomas@caresource.com (E-Mail Address)	(Name)		937-531-2676 (Fax Number)	Number) (Extension)			
Name Sharon R. Williams Bobby Jones		Title n President perating Officer	FFICERS Nam Craig Thie		Title Chief Medical Officer			
R. Daniel Sadlier	,Vice	Chairman						
		DIRECTORS	OR TRUSTEES					
Pamela B. Morris John M. Rockwood		aret Marchak	Evonne Wil	liams	Karen Hamilton #			
		SS						
above, all of the herein describe that this statement, together wi liabilities and of the condition ar and have been completed in acc may differ; or, (2) that state rule knowledge and belief, respectiv	ed assets were the absolute path related exhibits, schedules and affairs of the said reporting cordance with the NAIC Annuses or regulations require differely. Furthermore, the scope copy (except for formatting of	property of the said re s and explanations the g entity as of the report al Statement Instruction rences in reporting not of this attestation by the	porting entity, free and clear freein contained, annexed or reting period stated above, and bons and Accounting Practices at the lated to accounting practicate described officers also include the control of the contr	om any liens or claims the eferred to, is a full and tru of its income and deductio and <i>Procedures</i> manual exc as and procedures, accord des the related correspond	that on the reporting period stated breon, except as herein stated, and use statement of all the assets and ons therefrom for the period ended, beept to the extent that: (1) state law ing to the best of their information, ding electronic filing with the NAIC, filling may be requested by various			
Sharon R. V Plan Pres			obby Jones Operating Officer		raig Thiele M.D. ef Medical Officer			
Subscribed and sworn to b	efore me this		b. I1 1 2	s this an original filing? f no: . State the amendment i . Date filed . Number of pages attac				

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 24 60 Davis	4 61 00 Dave	5 Over 00 Dave	6 Nonadmitted	7 Admitted
	I - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonaumilleu	Admitted
0199999 Total individuals						
Group subscribers:						
						t
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			1			1
			1			1
						1
						1
0299997 Group subscriber subtotal	0	0	0	0	0	<u> </u> 0
0299998 Premiums due and unpaid not individually listed						<u> </u>
0299997 Group subscriber subtotal 0299998 Premiums due and unpaid not individually listed 0299999 Total group	0	<u>[</u> 0	0	0	0	0
0399999 Premiums due and unpaid from Medicare entities	13,114					13,114
0399999 Premiums due and unpaid from Medicare entities 0499999 Premiums due and unpaid from Medicaid entities	362,090	241,978	184,441	121,471		13 , 114 909 , 980
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	375,204	241,978	184,441	121,471	0	923,094

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical rebate receivables	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
RX America and other direct rebates		82,443		236,025		490,3
0199999 - Totals - Pharmaceutical rebate receivables	85,234	82,443	86,639	236,025		490,3
U139393 - U1413 - FITAI IIIAUEUT CA TEDATE TECETVADTES	00,204	02,443	80,039	230,023	0	490,3
Claim Overpayment Receivables Misc Providers	25,394	30,711	10,469	71,160		137,73
0299999 - Totals - Claim Overpayment Receivables	25,394	30,711	10,469	71,160	0	137,73
Capitation Arrangement Receivables	20,004	50,711	10,400	71,100		107,77
State if Michigan Maternity		45,997	24,415	211,517		658,54
0.499999 - Totals - Capitation Arrangement Receivables	376,614	45,997	24,415	211,517	0	658,54
State if Michigan, Maternity	070,011	10,001	21,110	211,011	v	000,0
First Health Rx Rebills	145 285					145,28
Due from CMS.						49,10
0699999 - Totals - Other Receivables	194,392	0	0	0	0	194,3
	1 /11	·		·		. ,
0799999 Gross health care receivables	681.634	159.151	121.523	518.702	n	1.481.0

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported) Aging Analysis of Unpaid Claims

	Aging Analysis of Unpaid (Claims				
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)	1 - 30 Days	31 - 00 Days	01 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Orlpaid (Reported)						0
	·····					
0199999 Individually listed claims unpaid		0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	1,550,761	722,254	365,069	199,087	370,698	3,207,868
0499999 Subtotals	1,550,761	722,254	365,069	199,087	370,698	3,207,868
0599999 Unreported claims and other claim reserves		<u>'</u>	·	·		10,610,944
0699999 Total amounts withheld						·
0799999 Total claims unpaid						13,818,812
0899999 Accrued medical incentive pool and bonus amounts		·		·		152,965

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	nitted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
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0199999 Individually listed receivables 0299999 Receivables not individually listed	0	0	ļ0	ļ0	<u> </u>	0	J0
UZ99999 Receivables not individually listed		1					
0399999 Total gross amounts receivable	0	1 0	1 0	1 0	0	0	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
CareSource Management Services CareSource Management Group CareSource Management Group	Administration	46,052	46,052	
CareSource Management Group	Administration.	293,809 8,000,000	293,809	
CareSource Management Group.	Distribution	8,000,000	8,000,000	
0100000 Individually listed payables		8,339,861	8,339,861	0
0199999 Individually listed payables 0299999 Payables not individually listed 0399999 Total gross payables		0,339,001	0, 559, 601	
020000 Tata race parallel		0 220 064	0 220 064	0
U399999 Otal gross payables		8,339,861	8,339,861	. 0

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	29 , 180	0.0		0.0		29,180
2. Intermediaries	1,356,927	1.1		0.0		29,180 1,356,927
3. All other providers	37,314,263	29.9		0.0		37,314,263
4. Total capitation payments	38,700,370	31.0	0	0.0	0	38,700,370
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
Contractual fee payments	83,766,927	67.1	XXX	XXX		83,766,927
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
Bonus/withhold arrangements - contractual fee payments	2,397,673	1.9	XXX	XXX		2,397,673
9. Non-contingent salaries	0	0.0	L XXX	XXX		
10. Aggregate cost arrangements	0 	0.0	L XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	86,164,600	69.0	XXX	XXX	0	86,164,600
13. Total (Line 4 plus Line 12)	124,864,970	100 %	XXX	XXX	0	124,864,970

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4 Average Monthly	5 Intermediary's	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Intermediary's Total Adjusted Capital	Control Level RBC
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	 					
Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
Other property and equipment						
6. Total	0	0	0	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CareSource Michigan 2. East Lansing, Michigan

IAIC Group Code 0000 BUSINESS IN THE STATE OI	F Michigan			DURING THE YEAR	2009			(LOCATION) NAIC	Company Code	95562
	1	Compre (Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	49,465							59	49,406	
2 First Quarter	49,708							87	49,621	
3 Second Quarter	48,988							85	48,903	
4. Third Quarter	49,049							80	48,969	
5. Current Year	41,557							190	41,367	
6 Current Year Member Months	566,817							1,222	565,595	
Total Member Ambulatory Encounters for Year:										
7. Physician	228,482							750	227 ,732	
8. Non-Physician	169,311							744	168,567	
9. Total	397,793	0	0	0	0	0	0	1,494	396,299	
10. Hospital Patient Days Incurred	20,260							140	20,120	
11. Number of Inpatient Admissions	5,489							31	5,458	
12. Health Premiums Written (b)	162,779,015							1,285,744	161,493,271	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	162,779,015							1,285,744	161,493,271	
16. Property/Casualty Premiums Earned	0		·							
17. Amount Paid for Provision of Health Care Services	124,864,970							884,660	123,980,310	
18. Amount Incurred for Provision of Health Care Services	123,216,289							1,291,828	121,924,461	

(a) For health business: number of persons insured under PPO managed care products ______and number of persons under indemnity only products _____

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ ______



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CareSource Michigan

NAIC Group Code 0000 BUSINESS IN THE STATE OF	Consolidated			DURING THE YEAR	2009				(LOCATION) NAIC Company Code	
	1	Compre (Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	49,465	0	0	0	0	0	0	59	49,406	(
2 First Quarter	49,708	0	0	0	0	0	0	87	49,621	(
3 Second Quarter	48,988	0	0	0	0	0	0	85	48,903	
4. Third Quarter	49,049	0	0	0	0	0	0	80	48,969	(
5. Current Year	41,557	0	0	0	0	0	0	190	41,367	(
6 Current Year Member Months	566,817	0	0	0	0	0	0	1,222	565,595	(
Total Member Ambulatory Encounters for Year:										
7. Physician	228,482	0	0	0	0	0	0	750	227 ,732	(
8. Non-Physician	169,311	0	0	0	0	0	0	744	168,567	(
9. Total	397,793	0	0	0	0	0	0	1,494	396,299	(
10. Hospital Patient Days Incurred	20,260	0	0	0	0	0	0	140	20,120	(
11. Number of Inpatient Admissions	5,489	0	0	0	0	0	0	31	5,458	(
12. Health Premiums Written (b)	162,779,015	0	0	0	0	0	0	1,285,744	161,493,271	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	162,779,015	0	0	0	0	0	0	1 ,285 ,744	161,493,271	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
Amount Paid for Provision of Health Care Services	124,864,970	0	0	0	0	0	0		123,980,310	(
18. Amount Incurred for Provision of Health Care Services	123,216,289	0	0	0	0	0	0	1,291,828	121,924,461	(

and number of persons under indemnity only products _ (a) For health business: number of persons insured under PPO managed care products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$

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SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID				Type of Reinsurance		Unearned	Reserve Liability Other Than For Unearned	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Reinsured	Location	Assumed	Premiums	Premiums	Premiums	and Unpaid Losses	Reserve	Under Coinsuranc
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SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC	2	3	4	5	6	7
l Code l	Federal ID Number	Effective Date	Name of Company	Location	Paid Losses	Unpaid Losses
22667	95-2371728 .	ates 03/01/2009	Ace American Insurance Companyets	Philadelphia PC	245,625	30,053 30,053
0599999 - Total	Accident and He	ealth – Non-Affilia	tes		245,625 245,625	30,053 30,053
0099999 - 10181	- Accident and	ı neartii			240,020	30,003
[<u>-</u>					
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 -						
0799999 Total	ls-Life, Annuity	and Accident and	Health		245,625	30,053

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SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding	Surplus Relief	12	13
NAIC								Reserve Credit	10	11	Modified	
Company	Federal ID Number	Effective Date	Name of Company	Location	Туре	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Coinsurance Reserve	Funds Withheld Under Coinsurance
Total Author	rized General Acc	count - Non-Affil	iates									
22667	95-2371728	03/01/2009	Ace American Insurance Company	Philadephia PA Kennesaw GA	SSL/1/L	463 , 655 47 , 680						
92711	35 - 1817054	03/01/2008	HCC Life Insurance company	Kennesaw GA	SSL/1/L	47,680						
0299999 -	Total Authorized	d General Account	- Non-Affiliates			511,335	0	0	0	0	0	0
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1599999	lotals					511,335	0	0	0	0	0	0

SCHEDULE S - PART 4

IXEII	isurance deded to o	nauthorized Compani	63					
6	7	8	9	10	11	12	13	14
								Sum of
id and Unpaid					Funds Deposited by			9+10+11+1
oc Docovorable		Total			and Withhold from		Miccollangous	Not in Ev

							nautnorized Compan						
NAIC	2	3	4	5	6 Paid and Unpaid Losses Recoverable	7	8	9	10	Funds Deposited by and Withheld from	12	13	14 Sum of Cols. 9+10+11+12+13 But
Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	(Debit)	Other Debits	Total Cols. (5+6+7)	Letters of Credit	Trust Agreements	Reinsurers	Other	Miscellaneous Balances (Credit)	Not in Excess of Col. 8
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Schedule S - Part 5

Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

			Jmitted)	2	1 4	F
		1 2009	2 2008	3 2007	4 2006	5 2005
A. 0	PERATIONS ITEMS					
1.	Premiums	0	0	0	0	0
	Title XVIII-Medicare				0	
				0		
3.	Title XIX-Medicaid					259
4.	Commissions and reinsurance expense allowance		0	0	0	0
5.	Total hospital and medical expenses		0	0	0	0
В. Е	BALANCE SHEET ITEMS					
6.	Premiums receivable		0	0	0	0
	Claims payable			0	0	0
8.	Reinsurance recoverable on paid losses				132	
9.	Experience rating refunds due or unpaid		0	0	0	0
10.	Commissions and reinsurance expense allowances unpaid		0	0	0	0
11.	Unauthorized reinsurance offset				0	0
	INAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12.	Funds deposited by and withheld from (F)	0	0	0	0	0
13.	Letters of credit (L)	0	0	0	0	0
	Trust agreements (T)		0	0	0	0
		0	0	0	0	0
15.	Other (O)	<u> </u>	1 0	1 0	U	0

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	41,647,622		41,647,622
2.	Accident and health premiums due and unpaid (Line 13)	923,094		923,094
3.	Amounts recoverable from reinsurers (Line 14.1)	245,625	(245,625)	0
4.	Net credit for ceded reinsurance	xxx	275,678	275,678
5.	All other admitted assets (Balance)	1,683,885		1,683,885
6.	Total assets (Line 26)	44,500,226	30,053	44,530,279
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	13,788,759	30,053	13,818,812
8.	Accrued medical incentive pool and bonus payments (Line 2)	152,965		152,965
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)	0		0
11.	Reinsurance in unauthorized companies (Line 18)	0		0
12.	All other liabilities (Balance)	8,949,331		8,949,331
13.	Total liabilities (Line 22)	22,891,055	30,053	22,921,108
14.	Total capital and surplus (Line 31)	21,609,171	xxx	21,609,171
15.	Total liabilities, capital and surplus (Line 32)	44,500,226	30,053	44,530,279
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	30,053		
17.	Accrued medical incentive pool	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	245,625		
20.	Other ceded reinsurance recoverables	0		
21.	Total ceded reinsurance recoverables	275,678		
22.	Premiums receivable	0		
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24.	Unauthorized reinsurance	_ 0		
25.	Other ceded reinsurance payables/offsets	0		
26.	Total ceded reinsurance payables/offsets			
27.	Total net credit for ceded reinsurance	275,678		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

Direct Business Only							
States, Etc.		1 Life (Group and individual)	2 Annuities (Group and individual)	3 Disability Income (Group and individual)	4 Long-Term Care (Group and individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama							
2. Alaska							
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	co						
7. Connecticut	СТ						
8. Delaware	DE						
District of Columbia							
10. Florida	FL						
11. Georgia	GA						
	Н						
13. Idaho	ID						
14. Illinois	IL		-		ļ	ļ	
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17. Kansas	KS						
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19. Louisiana	LA				L	<u> </u>	L
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21. Maryland	MD						
22. Massachusetts	MA						
	MI						
23. Michigan	MN						
24. Minnesota					 	<u> </u>	
25. Mississippi	MS	-					
26. Missouri							
27. Montana							
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ					İ	
32. New Mexico	NM						
33. New York	NY						
34. North Carolina							
35. North Dakota	ND ND						
	OH						
36. Ohio							
37. Oklahoma	OK						
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39. Pennsylvania	F		-				
40. Rhode Island	RI						
41. South Carolina	sc		.				
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah							
46. Vermont	VT						
47. Virginia						[
48. Washington			-				
49. West Virginia			-				
49. Wissensin	VVV						
50. Wisconsin			-				
51. Wyoming							
52. American Samoa	AS		-		 	ļ	
53. Guam	gu						
54. Puerto Rico							
55. U.S. Virgin Islands							
56. Northern Mariana Islands							
57. Canada							
58. Other Alien						[
59. Totals		0	0	0	0	0	

9

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

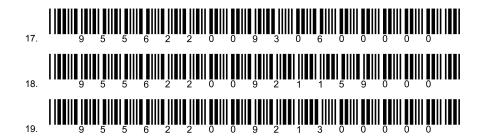
1	2	3	4	5	6	7 Income/	8	9 1) 11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments		Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	l Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95562	38-3252216	CareSource Michigan CareSource Management Group CareSource Management Services The CareSource Foundation					(10,410,699) 9,235,467 1,079,410			(10,410,699) 9,235,467 1,079,410	
	31-1703368 31-1703371	CareSource Management Group					9,235,467			9,235,467	
	31-1703371	CareSource Management Services		İ			1,079,410			1,079,410	
	56-2582561	The CareSource Foundation								95,821	
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9999999	Control Totals		0	I 0	0	0	0	0 X	X 0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.		YES
6.		YES
7.		YES
	JUNE FILING	
8.		YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
hich t	lowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar cod oplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the in	e will be printed below. If
	MARCH FILING	
10.		SEE EXPLANATION
11.		NO
12.		NO
13.		NO
14.		NO
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
	APRIL FILING	
17.		NONO
18.		NO
	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	N0N0
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G. Cov	verage Provided through Medicare Advantage Program	
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ar co	de:	
11.	9 5 5 6 2 2 0 0 9 2 0 5 0 0 0 0	
12.	9 5 5 6 2 2 0 0 9 2 0 7 0 0 0 0 0	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



OVERFLOW PAGE FOR WRITE-INS

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